

NCCCP Navigation Assessment Tool

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Definitions:

Key Stakeholders: Those people that you feel are essential to making a program work. Include Administration, Navigators, Staff, Physicians (both employed and private practice). Specialty areas include medical, surgical and radiation oncology, rehab, palliative care and hospice.

Community Partnerships: Those entities that exist within and outside of your program that you need the support of or are a referral source for patient use and contribute to the support of the patient along the continuum of their care.

Acuity System: Ability to determine appropriate level of care/intervention based on patient need and disease process.

Risk Factors: Variable associations with increase risk of complications with disease and treatment of cancer.

Metrics/Reporting Measures: Measuring activities and performance

Percentage of Patients Navigated: Cancer Patients inclusive of Analytic cases, new diagnosed primaries, reoccurrences, advanced diseases, metastatic of defined cancer site(s) within your program setting.

Continuum of navigation: Navigation functional areas includes: Outreach/Screening, Abnormal finding to Diagnosis, Treatment, Outpatient &/or Inpatient, Survivorship and end of life care. Navigation can occur along any of or all of these. One single person may do all of these, or you may have one person designated to cover one area of the continuum. They may be disease specific navigators, or cover all diseases within that category. The sign of a level five site is that navigation is continuous across the cancer care continuum.

Disparity: Is any under-represented group that your program is able to focus on. Providing outreach and effort in this population is a hallmark of Navigation according to its original conception and should be continued as part of a navigation program.

Tools for Reporting Navigator Statistics: Documents to help evaluate and measure a navigation program.

MDC Involvement: Multidisciplinary team approach to care including physicians (med onc, rad onc, and surgeon) and other healthcare providers to create plan of care for patient; patient may not always be present to be considered an MDC.

Items with an asterisk (*) are further explained under the definition section at the beginning of the Assessment Tool.

Navigation Assessment Tool Version 1.0 was created by the National Cancer Institute Community Cancer Centers Program (NCCCP) and approved by the NCCCP Executive Subcommittee on 7/14/2011.

This tool has not been validated.

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| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------------------------------------|--|---|--|---|---|
| *Key Stakeholders: | Administrative support | At least one physician champion referring to Navigation Program | Two physicians involved and referring to Navigation Program; one is not an oncologist. | Most Specialty physicians support the Navigation Program. | The Navigation Program receives referrals from employed and non-employed MDs PCPs, or community partners. |
| *Community Partnerships | Navigator works with departments outside of cancer but within own facility | Plus , works with at least one national group such as NCI, ACS, LLS, Wellness Community, Susan G Komen for the Cure, or LIVEstrong | Plus supports state cancer control goals & objectives. | Plus connects with other local community partners such as churches, community centers, other community organizations | Includes a formal connection to National/State/Local organizations as an active committee or board member |
| Acuity system/Patient *Risk Factor | No Risk Factor or Acuity system available | Some patients assessed but no formal tool is used. Acuity based on dependence of pt vs. actual patient risk factors. | Use of a formal tool which may be disease specific. | Utilizing formal assessment tool has a well defined referral process for identified issues. | Provides periodic re-evaluation as a proactive approach to intervene or prevent issues and ensure quality of care during specific treatment points. |

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| *Quality Improvement Measures | None in place. | Brainstorming and discussion regarding metrics and reporting within the multi-disciplinary team or cancer committee. | One Quality Improvement (QI) initiative in place measured and reported to all stakeholders on hardcopy file annually. | QI initiatives developed in collaboration with Patient Feedback and/or Patient Satisfaction Surveys reported to Administration. | Multiple QI initiatives in place monitored to demonstrate program improvement and financial contribution and cost savings services of Navigation (ie compliance to POC). |
| Marketing of the Navigation program | Occurs by word of mouth | Includes level 1 as well as some basic written material i.e. Pamphlet | Plus , Navigator participation at health fairs, cancer screening events as a means of marketing cancer program | Plus , effort made to promote navigation in some media form | Plus , multiple sources of media used to support navigation (video, print, audio, web, etc) |
| Percentage of patients offered navigation | 0-20% of defined tumor site | 21-40% | 41-60% | 61-80% | >80% |
| *Continuum of Navigation | One functional area within the cancer navigation continuum | Two functional areas navigated within the continuum | Three functional areas navigated within the continuum | Four functional areas navigated within the continuum | Navigation across all functional levels of the continuum. |
| Support Services available and used by the Navigation Team | No Resources available | Hospital resources (SW and/or case manager) are available to assist with cases | Outpatient Social Services available within Cancer Program | Level three plus a minimum of two additional out patient oncology specific services available | All services available or can be accessed within the community or organization Dietitian, Social Work, psychologist, |

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| | | | | | Clinical Trials, Speech Therapy Physical/Occupational/ Pastoral Care, Oncology Rehab, Financial Counselor's, Palliative Care, Volunteer Dept., genetic counselor, survivorship. |
| *Tools for reporting navigator statistics | No reports or tools. Paper record (Pt Chart) narrative of services provided for patient and their family | Basic Home grown access file/word, excel Basic info tracked, i.e. number of pts, disease site, supportive services provided | High level home grown access database created. by hospital IT dept. Collects stats and support services provided for pt/family. | Formal hospital system EMR database utilized to collect support services and stats. Not a database specific for Navigation. | Reporting of all support services provided to the patient via EMR specific for Navigation including outcome information. Document all support services. |
| Financial assessment | No Financial assessment performed | Financial assessment and assistance only available in the in-patient setting. | Plus , financial assessment and assistance available for out-patients within Cancer Program | Plus , proactive Financial assessment completed for all oncology patients | Plus , data collection completed on types of services provided and number of patients assisted on a regular basis. |

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| *Focus on Disparities | None defined | Underserved population Defined | At least one culturally sensitive activity devoted to reaching underserved population provided annually | Patient service mechanism defined to integrate underserved patients into the program | Cultural sensitivity assessment completed on cancer center staff with cultural objectives created on at least an annual basis. |
| Navigator Responsibilities | Navigator is unaligned with any physician and responsible only for support of the Patient | Plus , Navigator coordinates care between multiple disciplines with in the cancer program | Plus , Navigator participation in Support Groups, Family/Patient center programs, | Plus , Navigator maintains an Active role in disease specific MDC/Tumor Conferences | Plus , Navigator is an integral part of Quality Improvement, audits, and strategic planning |
| Patient Identification process | No formal patient identification. Path reports, daily schedule, radiology reports used to identify patients. | N/A | Patients self refer or are referred by Oncology Provider | N/A | Primary Care Provider and/or specialist (GI, Pulmonary, Interventional Radiology) refers at the time of abnormal finding |
| Navigator Training | No formal training in place | Core Competencies of Navigation defined | Local/in-house training curriculum developed specific to navigator core competency and development of Navigator role | Local/in-house training program completed by all navigators -- Or are certified in Oncology in their respective disciplines | Navigators formally trained by nationally recognized training program and certified. |

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| Engagement with Clinical Trials | Navigator shares basic understanding of clinical trials in cancer | Navigator has greater depth understanding of Clinical trials, has completed specific training (NCI, ONS, etc) | Navigator shares information regarding the availability of clinical trials in their community cancer center with patients | Navigator engages with research team in providing general referrals | Navigator engages with research team, assists with specific trial referrals for underserved populations |
| *Multi-disciplinary Care/Conference Involvement | Basic Commission On Cancer requirements met. Including discussion of NCCN guidelines or other National Oncology Standards | Navigator attends tumor conference but doesn't participate, documents physician discussion of plan of care in narrative note but not formal part of patient record | Navigator assists with Case finding for MDC presentations. No treatment plan documented, Dictation completed by MD re; plan of care. | Navigator provides formal review of discussion of MDC with patient after case presentation. | Patient informed of presentation at MDC with full formal report on treatment planned discussion shared with patient referring MD and primary care, formal audits completed. |

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